FORM 1

Biosolids Land Application Local Monitoring Expenses

REIMBURSEMENT INVOICE

Page 1 of 1

Claim No: ZO1Z-0005

Activity Dates:

County:

Date Rec'd:

Evaluator:

Permit No:

Approval
Amount:

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

instructions on now to complete the form.		
I. Claimant Information		
A. Name of Local Government Official:	B. County:	
TRACY MGEE	Lunenburg	
C. Claimant Mailing Address:	D. City, State	E. Zip Code
F. Claimant Telephone No. G. Claimant Fax No.	Luner burg Va	23952
(434)696-2142 (434)696	6-1798 MANUEL To.	embs
	Person Telephone No. K. Contact Person Fa (434) 392	
II. Monitoring Activity Information (Attach additional separate she	ets if necessary)	***************************************
A. DEQ Permit No. and Site Identification	B. Farm(er) and Site Location	
C. Type of Monitoring Activity and Dates #-1-Thru 1-3 Repord Keeping - Complaint Resp		•
E. Sampling and Testing Information	F. Name and location of Lab used G. Total Lab	
	G. Total Lab	Charges
III. Multiple Owner Information (For Local Monitor employed by m	nultiple jurisdictions)	
Are the expenses listed above part of a multiple owner payment submission?		
Yes No		
If you answered "Yes" to the above question, you are required to submi	t this invoice with the multiple owner payment Form 2.	DEA PRES
IV. Responsible Official Statement (Please sign name): Manue	1-6. 1	
A. Were the listed expenses incurred during the dates included in Part II.0	3/	- <u> </u>
	5 of this form?	0 93
	July 5	是 产出
If you answered "No", please attach the necessary documentation	on to explain the discrepancy.	
V. Statement Of Costs		とうるる
A. Are all expenses listed in this invoice complete at the date of this invoice	ce? C. Total costs claimed for reimbursement in the	is invoice
☑ Yes ☐ No	FEB 13 2012	
Will additional reimbursement costs incurred for monitoring activitie	s at the	<i>_</i> {∞ /
site(s) listed above be submitted?	\$ 136.00	<u> </u>
Yes No		<i></i>
VI. County Administrator Certification (Please print name):	The latest and the la	•
The following signature attests that the monitoring	activities for which reimburgement is a	ought have been
performed in accordance with the provisions of the Permits and Certificates regulation (9 VAC 25-20):	VPA Permit Regulation (9 VAC 25-32)	and the Fees for
MAAN MALOO!	2-7-12	
County Administrator	Date	
Man O of ofor his and	2-6-2012	
11 comes 11 c pornas 10	6 6 60 f Lan	
Local Monitor	Date	

Biosolids Land Application Local Monitoring Activity Details

County:
County Monitor:
Staff Labor per hour:
Mileage Rate per mile:
Activity Codes: Administra

Manuel Toombs

\$24.00
\$0.50
Maximum Rate is \$0.55/mile

Enter data in YELLOW cells

BLUE cells compute automatically

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

Hours Miles Site identification Number Subtotal Subtot			\$48.00	\$108.00			96.0	4.5		TYLOLBUS
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Code Hours Miles Site Identification Number Subtotal Subtotal Expense 80.00 \$0.0	Monthly Reports Signed		\$12.00	\$12.00			24.0	0.5		1/11/2012
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	DESCRIPTION	Expense	Subtotal		Number	Site Identification	Miles	Hours	Code	Date

\$156.00